

A Message from the Executive Director:

Brian Hepburn



Welcome to *MHA Motion*, a new newsletter published by the Department of Health and Mental Hygiene's (DHMH) Mental Hygiene Administration (MHA).

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In *Motion* you will read about many of the things that are happening in the Public Mental Health System (PMHS). It will also serve as a way to update you on many of the issues that affect the PMHS.

One of those issues is the extraordinary fiscal time in which we are living. In response, our providers are being asked to do more -- sometimes with no additional compensation. And while state revenues continue to fail to meet expectations, we will be asked to take additional actions to help keep Maryland on a sustained fiscal path -- as witnessed by the late August announcement of a facility closure and job losses. And yes, there may be other hardships we will have to endure, yet I know we will do so with the same professionalism we bring to our jobs every day. As we negotiate this extremely challenging financial environment, I want to say how proud I am that each of us in the public and private sectors are able to accomplish all we do. Thank you for that and thank you in advance for understanding the critical nature of the decisions we must continue to make.

While I feel it is imperative to discuss the fiscal world to keep you informed on why some changes are necessary, this newsletter primarily will highlight that work that is done on behalf of those with a mental illness. Some of this happens

behind the scenes, other actions occur on the front lines. And it all adds up to make a difference.

For those of you who do not already know, you will read in this issue that Maryland was one of six states to receive the top grade from the National Alliance on Mental Illness for the services we provide to consumers with severe mental illness. Two members of MHA's senior management team have been positively recognized by their peers for their successes. None of this could happen without your help.

This edition of *Motion* reports on a new Web site specifically designed to help veterans find the mental health services they may need. There is an article about a new co-occurring unit we opened earlier this summer in partnership with the Developmental Disabilities Administration that ultimately will enable individuals with co-occurring diagnoses to return to the community. You will read about our annual conference in May and about a Maryland delegation's attendance at a national policy summit on disparities and mental illness.

There are updates on some of the changes underway within MHA and at our facilities.

Of primary interest is the transition of our Administration Services Organization (ASO) vendor from MAPS-MD to

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A Message from the Executive Director

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Value Options. Many long hours of work have been put in to make this transition as seamless as possible. Information meetings have been held and training sessions have been conducted. Updates have been posted to our Web site at www.dhmh.state.md.us/mha. We have tried to respond to concerns you have expressed yet I realize some may not be able to be addressed. And while we have experienced some glitches in the start-up, please understand that MHA is doing everything possible to ensure no disruption in services occurs to the consumers or providers. Thank you for your patience during this transition.

A procedural change will shift our case management services from Core Services Agency contracts back to a Medicaid fee-for-service system managed by our ASO. Emergency regulations to implement this change took effect on September 1.

And, while it does not directly affect the day to day work we do, you will read about important reminders so you and your family are prepared in the event a significant disaster hits our region. This becomes all the more important with the declaration this summer by the World Health Organization that the novel H1N1 influenza is now pandemic.

This should provide you with an idea of what you will read in this issue of *Motion*. Future editions will publish on a quarterly basis and – to save some money – will be exclusively an electronic publication.

Please let us know what you want to read or programs you wish to highlight in *Motion*. John Hammond is the editor – drop him an e-mail (hammondj@dhmh.state.md.us) or give him a call on 410.492.7517.

Please remember you always have my thanks for all of the great work you do.

Dr. Brian Hepburn

Value Options, Inc. is Awarded ASO Contract

Value Options, Inc. of Norfolk, Virginia began a five-year, \$51.6 million contract to serve as MHA's Administrative Services Organization (ASO) on September 1.

The State Board of Public Works awarded the contract, which includes 16.6 percent participation among minority businesses, at its meeting on June 3. The offer provides for a two-year base contract with three one-year renewal options.

"Much work has been condensed into a short timeframe to help ensure a smooth transition occurs," said MHA Executive Director Dr. Brian Hepburn. "Among the many tasks undertaken include information meetings that were held and training sessions that were conducted – all in an effort to make sure no service disruptions occur to the consumers or providers."

Value Options offices are located off of West Nursery Road near BWI Thurgood Marshall International Airport in Baltimore County.

The ASO manages outpatient and inpatient mental health services for Maryland's Public Mental Health System (PMHS.) The PMHS authorizes services to approximately 99,000 individuals and processes claims for payments to approximately 4,300 mental health providers that include hospitals, community mental health programs and individual practitioners.

The PMHS has used an ASO



since 1997, when the state was granted a Medicaid 1115 Waiver. The ASO is one of three arms that make up the PMHS. The others are MHA, which operates seven public psychiatric hospitals and two residential treatment centers; and 20 core service agencies, which act as local mental health authorities.

Information and updates about this transition is available on the MHA Web site at www.dhmh.state.md.us/mha.

Maryland Is Among Top Six States in Mental Health Services

National organization issues report card on care for those with serious mental illness

Maryland is among the top six states for delivery of care to adults who have a serious mental illness. The state was one of six to be awarded a grade of "B" – the highest rating given in a national report released at the end of March by the National Alliance on Mental Illness (NAMI).

"This ranking correctly recognizes the great strides Maryland has made toward improving mental health care," said DHMH Secretary John M. Colmers. "Now that we are among the leaders in the nation, we have to be vigilant to ensure that the gains we have made are not lost in the midst of these challenging times."

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Maryland Is Among Top Six States

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In its report card, NAMI officials note Maryland is a national leader in several areas, including support of consumer empowerment, collaboration with consumer and advocacy organizations, and in a wellness and recovery approach to mental health services.

“Maryland is a leader in the implementation of evidence-based practice models to support consumer empowerment,” said Renata J. Henry, DHMH deputy secretary for Behavioral Health and Disabilities. “Some services are designed to help consumers transition from hospitals to community living; others to provide supported employment services that help consumers get, keep and maintain jobs in the community. An important part of this model is to integrate these services for those with co-occurring disorders such as substance abuse and mental illness.”

The NAMI report highlighted a five-year federal transformation grant awarded to Maryland in 2005 that has led to development of new approaches for mental health consumers and their families. Many of these are in collaboration with organizations such as On Our Own of Maryland, NAMI-Maryland, the Mental Health Association of Maryland, and the University of Maryland.

For instance, the Mental Hygiene Administration works with On Our Own and the University of Maryland in the development of the Wellness Recovery Action Plan (WRAP), which is a consumer-driven initiative where peers are trained to work with other consumers to help them plan for mental health recovery.

Other areas of care covered under the transformation grant include



At the NAMI press conference, MHA Executive Director Dr. Brian Hepburn cited consumer quality teams as an innovative technique to help Maryland achieve its high ranking. (Photo by Noel G. Albizo)

primary care and mental health integration; cultural competence; older adult needs; and reduction in use of restraints and seclusion.

“One innovative technique is a collaboration with consumer quality teams that visit outpatient and inpatient facilities to interview our consumers about the services they receive,” said MHA Executive Director Dr. Brian Hepburn. “Results from these unannounced visits are in turn shared with the facilities so they can make necessary improvements.”

NAMI also recognized the state for its effort to divert people from emergency rooms to community based organizations, and therefore free up beds in hospital psychiatric units. That, combined with the purchase of beds in private facilities, means Maryland is better able than many states to maintain availability of beds for those in need of inpatient services.

To view the report, go to: http://www.nami.org/gtsTemplate09.cfm?Section=Grading_the_States_2009

Hold the Date

Inner Strength: During Challenging Times is the theme of Maryland’s 21st Annual Suicide Prevention Conference, scheduled for Wednesday, October 7 at Martin’s West in Baltimore County.

The keynote speaker will be Alison Malmon, founder and executive director of Active Minds, Inc. Ms. Malmon was the 2003 recipient of the Tipper Gore Remember the Children Award from the National Mental Health Association, and of the 2004 Young Leadership Award from the National Alliance for Research on Schizophrenia and Depression

Those interested in attending can register on-line at www.regonline.com/2009mdsuicide.

More information is available from Henry Westray, Jr. at westrayh@dhmh.state.md.us.

The conference is sponsored by the Governor’s Interagency Workgroup on Suicide Prevention. MHA is a co-sponsor of the event.



More Than 400 Attend MHA Annual Conference

Keynote speakers focus on importance of overall wellness

Mind, Body and Spirit: Promoting Health and Wellness Over the Life-Span was the focus of the Mental Hygiene Administration's (MHA) Annual Conference, held May 5 and 6 in Baltimore County. Approximately 500 people attended the conference that featured key note speakers and a diverse selection of workshops.

Day One keynote speaker Dr. Lisa Dixon, a professor at the University of Maryland's School of Medicine, focused on the connections between general health issues and mental health. She noted that people with serious mental illness (SMI), on average, have significantly reduced life expectancy, and discussed some of the immediate causes of morbidity and mortality in people with SMI.



Dr. Lisa Dixon

Dr. Dixon noted that some of the factors that place people with mental illness at higher risk include health behaviors such as: smoking, alcohol and substance use, unsafe sexual practices, poor diet and lack of exercise. Each of these factors can lead to other health issues such as cardiovascular disease, hepatitis C and diabetes that can shorten the life span, she said.

She then focused on medical and self-motivation steps available to help consumers overcome these issues. Tools such as Wellness Self Management and Wellness Recovery Action Planning (WRAP) empower consumers to become active planners in the recovery process. The idea, Dr. Dixon said, is to promote dialog between the consumer and psychiatrist/physician.

Dr. Peggy Swarbrick, assistant clinical professor at the Department of Psychiatric Rehabilitation



Dr. Peggy Swarbrick



*DHMH Deputy Secretary
Renata Henry*

*MHA Executive Director
Dr. Brian Hepburn*



*MHA Clinical Director
Dr. Gayle Jordan-Randolph*



Nina Berry of Laugh Yoga reminded every attendee how important it is to smile.

MHA Annual Conference

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for the School of Health Related Professions at the University of Medicine and Dentistry of New Jersey presented on the topic, *Wellness is Possible for Personal and System Transformation!* at the Day Two keynote.

Dr. Swarbrick's presentation focused on eight dimensions of wellness, wellness principles and practical strategies to empower those who receive services, and the health professionals who provide the care.

The eight dimensions include physical, medical self care, environment, spiritual, mental/emotional, social, intellectual, occupational/leisure, and financial. Citing patience and persistence as keys to wellness, she too advocated for a collaborative partnership that takes a holistic mind, body and spirit approach between physician and consumer.

Those in attendance also heard a number of updates from Department of Health and Mental Hygiene officials, including Deputy Secretary Renata J. Henry, MHA Executive Director, Dr. Brian Hepburn, Dr. Albert A. Zachik, MHA director of Child and Adolescent Services, Dr. Gayle Jordan-Randolph, MHA Clinical Director and Daryl Plevy, director of the Maryland Transformation Project.

Dr. Hepburn presented a Certificate of Appreciation to Mike Finkle, executive director of **On Our Own of Maryland, Inc.** MHA Deputy Director Lissa Abrams passed out three Training Resource Program awards, one each to representatives from **People Encouraging People**, **St. Luke's House** and **Way Station**.



*Eileen Hansen (far left) and Lissa Abrams (far right) with representatives from **People Encouraging People** (second from left) Dimitrios Cavathas, Marcia Horton, Michele Weaver-Johns, and Dr. Ugandhar Vemulapalli.*



*Second from left: Cindy Ostrowski, Shree Paraklar, and Lyn Paredes-Krecji of **St. Luke's House** with Eileen Hansen (far left) and Lissa Abrams (far right.)*



*Brian Hepburn (left) presents a Certificate of Appreciation to **One Our Own** Executive Director Mike Finkle.*



*Chip Ohlhaber of **Waystation** with Eileen Hansen (left) and Lissa Abrams (right).*

MHA Officials Attend National Mental Health Summit on Disparities

Four Mental Hygiene Administration officials were among 10 from the Department of Health and Mental Hygiene (DHMH) who attended a national policy summit on the elimination of mental health disparities. Maryland was one of six states awarded funds by federal Substance Abuse and Mental Health Services Administration to send representatives to the three-day event held in New Orleans in June.

“We could not have attended this summit without the strong support offered by those who work day-in and day-out for consumers,” Deputy Secretary Renata J. Henry said. “I thank them for their unwavering support.”

A particular item of focus at this summit was the fact that consumers with severe mental illness die on average 25 years earlier than members of the general public. This is due in part to modifiable risk factors such as smoking, alcohol and substance use, unsafe sexual practices, poor diet and lack of exercise. Each of these factors can lead to potentially life-threatening medical conditions such as cardiovascular disease, hepatitis C and diabetes.

“Many consumers rely upon their psychiatric health care provider more than their primary health care provider for physical health concerns,” said MHA Executive Director Dr. Brian Hepburn. “We need to better integrate the two disciplines to ensure that – regardless of whom the consumer visits – behavioral health and general health are a focus of the visit.”

Representatives from the six states shared concepts that work – including best practices – and therefore now have more information as they continue their work to eliminate mental health disparities.

For instance, Deputy Secretary Henry, Dr. Hepburn and other members of the Maryland delegation discussed an on-going state initiative to link mental health, substance abuse and developmental disability data, with an end result focused on a better understanding of co-occurring behavioral health and disability issues.

People within the public mental health system face other unique concerns. For example, some cultures rely on spirituality in lieu of mental health treatment. People coming from regions of the world where life is led under a repressive rule and trust is a significant issue may not be willing to access mental health care at all. Other barriers include communication – between those who do not use English as a primary language, and those who may be deaf or hard of hearing – and their mental health care provider.

Some racial and ethnic groups are under-served – and many have no access to mental health care. Those groups are also under-represented in the number of professionals who are trained to provide this type of care.

“Mental health professionals need to be better known and accepted – and not looked upon as strangers – in racially and ethnically diverse communities,” Dr. Hepburn said.

One way to address this problem is to improve mental health professionals’ ability to understand and respond to cultural differences they may encounter. Other steps are underway to help orient those born or trained in other countries to meet Maryland’s licensing requirements and therefore increase diversity among the providers.

Maryland’s delegation to the summit totaled 15. SAMHSA funded seven individuals; funds from the state’s Mental Health Transformation Grant paid for the balance.

In addition to Deputy Secretary Henry and Dr. Hepburn, the DHMH delegation included:

- Michael Chapman, director, Developmental Disabilities Administration;
- Eugenia Conolly, division director – Community Services, Alcohol and Drug Abuse Administration;
- Dr. Carlessia Hussein, director, Minority Health and Health Disparities;
- Dr. David Mann, epidemiologist, Minority Health and Health Disparities;
- Clarissa Netter, director - Office of Consumer Affairs, Mental Hygiene Administration;
- Cynthia Petion, director - Planning, Evaluation and Training, Mental Hygiene Administration;
- Iris G. Reeves, coordinator - Multicultural Issues, Mental Hygiene Administration; and
- Dr. Mary Russell, director - System Change Program, Minority Health and Health Disparities.

Other Maryland delegation members were:

- Lynn Albizo, executive director, National Alliance on Mental Illness-Maryland (NAMI-MD);
- Delegate Shirley Nathan-Pulliam, 10th Legislative District;
- Cynthia Vice, co-chair - Cultural Competence and Mental Health Committee, Mental Health Association of Maryland;
- Jane Walker, Child, Adolescent and Family representative, Maryland Coalition of Families for Children’s Mental Health; and
- Tony Wright, executive director, On Our Own, Inc. – Baltimore.

Other states at the summit included Florida, Massachusetts, New Mexico, New York and Washington.

Maryland is First State to Launch “Network of Care” for Veterans

Lt. Governor Helps Debut Behavioral Health Web site

Maryland Lt. Governor Anthony G. Brown in late March joined representatives of the public mental health industry and veterans affairs as Maryland became the first state to launch a “Network of Care” Web site devoted to the state’s veterans. Network of Care is an on-line resource that provides simple and fast access to information on local, state and national behavioral health services.

“We ask a great deal of our military families and our veterans and for that we owe them a debt of gratitude. When we saw men and women falling through the cracks of a large and out dated federal VA system, we didn’t point fingers. We chose to act,” Lt. Governor Brown said. “Maryland’s Commitment to Veterans initiative is a national model for what states can do to improve veteran services, especially behavioral health services. We are proud to be the first state in America to launch the Veterans Network of Care portal. We hope that other states follow our example and make veterans health a leading priority.”

Found at www.mdveterans.networkofcare.org, Maryland’s Network of Care for veterans is based on a national model designed by an Iraqi war veteran. It is hosted by DHMH, with assistance from the state Mental Health Association, NAMI-Maryland, On Our Own of Maryland and the Maryland Association of Core Service Agencies.

“Many veterans do not sign up for services through the VA, and their families don’t know

where to turn for help,” said DHMH Secretary John M. Colmers. “The veterans Network of Care portal is a comprehensive Web site that includes information to help veterans find and sign up for these services.”

It builds on the state’s Network of Care site launched last year to help anyone who has a behavioral health need. The site allows consumers to have a lead role in addressing their needs for behavioral health services, and also allows them to store medical records, advance directives and wellness plans in a password-protected personal folder. The site also contains a library of mental health articles, links to support and advocacy organizations, and reports on legislation.

“This is a flexible system that can be updated within 24 hours,” said Renata J. Henry, DHMH deputy secretary for Behavioral Health and Disabilities. “It is compatible with the 2-1-1 system and is available to anyone, including providers and those who staff crisis response systems.”

The success of local Network of Care sites in Maryland, first in Worcester County and subsequently in Anne Arundel County, prompted state officials to take the program statewide.

Network of Care is a part of the transformation of mental health



With representatives of Trilogy, Inc. at his side, Lt. Governor Anthony G. Brown explains the benefits of the exclusive veterans portal of the on-line Network of Care.

care from a system that relied primarily on clinical treatment to one that empowers an individual to make decisions regarding his or her care. DHMH is in the fourth year of a five-year \$13.7 million federal grant to implement transformation initiatives in mental health care.

Network of Care was developed by Trilogy Integrated Resources of California. That state’s Network of Care system was showcased by the President’s New Freedom Commission in 2003 as a model program to help transform mental health care in the nation.

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Bruce Bronzan, president of Trilogy, Inc., highlights some of the features that are found on the veterans Network of Care Web site.

"Network of Care" for Veterans

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"We were so proud to be able to work with both the veterans and mental health leadership of Maryland to develop this remarkable resource for our returning soldiers," said Trilogy president Bruce Bronzan. "Maryland now has the most advanced and comprehensive, locally based information resource for veterans and their families in the country."

More information about Maryland's main Network of Care Web site is available at by clicking on "Maryland" found via the "Mental/Behavioral Health" link at www.networkofcare.org.

DHMH Opens Unit to Treat Co-Occurring Disorders

Individuals with developmental disabilities, mental illness to benefit

In an effort to ensure those with co-occurring disorders receive the best possible treatment DHMH opened a new unit -- called *Transitions* -- in July.

"There are times when an individual with developmental disabilities and a co-occurring mental illness may be treated in a psychiatric hospital," said DHMH Secretary John M. Colmers. "For many years, that person stayed in the hospital well beyond the necessary time because we did not have an appropriate treatment program to meet both medical needs. *Transitions* is a part of the solution to that problem."

Transitions is located at the Potomac Center, a facility in Hagerstown operated by the DHMH Developmental Disabilities Administration (DDA.)

"It is a win-win solution," said Renata J. Henry, deputy secretary for Behavioral Health and Disabilities. "This center gives us a unit where individuals with co-occurring diagnoses will receive treatment that will allow them to return to the community. And through a link with universities, it will serve as place where health professionals can train."

This idea had the support of the DDA and MHA and was funded by the legislature to take effect in FY 2010, which began on July 1.

"This center is designed to treat developmentally disabled individuals with a co-occurring mental illness, with the idea that when they return to the community, any future episodes can be treated where they live," said MHA executive director Dr. Brian Hepburn.

The center will also be equipped to treat individuals who may have co-occurring substance abuse issues.

"We are very committed to seeing these individuals receive the treatment they need and then leave to live a full life at home," said Michael S. Chapman, director of the DDA.

The agreement with universities will enable the facility to benefit from the knowledge of best practices for a co-occurring population as well as provide a training ground for psychiatrists, social workers, psychologists and others to work with the populations they ultimately will serve. The schools include Johns Hopkins, the University of Maryland and Georgetown.

The Potomac Center unit is licensed for 20 beds through the Intermediate Care Facilities for the Mentally Retarded regulations.

The primary source for admissions will be those currently resident in MHA facilities. The vacated beds will then be available to treat people who have mental illness.

The Potomac Center continues to provide services for up to 60 individuals with developmental disabilities.

Dr. Al Zachik Honored for His Work with Young Children

Dr. Albert A. Zachik, director of MHA's Children and Adolescent Services, is the recipient of the first-ever Alma Troccoli Award, presented *For Excellence in Advocating for the Mental Health Needs of Young Children and their Families*. It was given on May 4 after Dr. Zachik presented the 12th annual Taghi Modarressi Memorial Lecture at the University of Maryland School of Medicine.

"Al Zachik has been the visionary behind the early childhood mental health system of care in Maryland," said Dr. David Pruitt, Professor of Psychiatry and Pediatrics at the University of Maryland School of Medicine and medical director of the Taghi Modarressi Center for Infant Study at the university. "Dr. Zachik is a tireless advocate and supporter of children and their mental health needs."

Over the past 10 years, Dr. Zachik has worked with representatives from the early childhood community including families, advocates, providers, the Maryland State Department of Education (MSDE), the Maryland Department of Human Resources,

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Dr. Al Zachik Honored

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and other state and local agencies, to stress the importance of and put into place initiatives to help ensure early identification of young children with mental health needs.

Known as the Early Childhood Mental Health Consultation Project, the focus of this initiative is from the infant stage of life to age five. As a part of the effort, Maryland was one of three states to implement a standardized, base-line training to focus on promoting social and emotional development in young children. What began as a pilot project conducted in collaboration with MSDE to provide mental health consultation to child care settings was so successful that it has been broadened to cover the entire state. Its focus is on training anyone who might work with young children such as head start staff, teachers and child care workers. Its success is demonstrated by a lower number of children being expelled from both childcare and school settings.



Dr. Al Zachik (far left) with Alma Troccoli and Dr. David Pruitt.

"The idea is to identify mental health needs at an early age and work to assess and stabilize the situation," Dr. Zachik said. "You have to provide children with good social and emotional development skills."

The effort also reaches out to clinicians, where training is provided to enhance their skills in identifying, assessing and treating mental health needs in young children.

"It is good preventative work," Dr. Zachik said. "You identify children's needs at an early stage and are therefore able to intervene early and hopefully prevent greater need later in life."

The Taghi Modarressi Memorial Lecture honors a physician who joined the faculty of the University of Maryland School of Medicine's Division of Child Psychiatry in 1967. Dr. Modarressi was the founder of the School of Medicine's Center for Infant Study (originally named The Maryland Center for Child Study). His passion for helping children was well known and colleagues and friends were drawn by his charisma and determination to accomplish his mission.

The Alma Troccoli Award is named for the long-time business administrator of the Taghi Modarressi Center for Infant Study. She worked along with Dr. Modarressi for 25 years to build and sustain the center so that it could fulfill its mission to improve the wellbeing of young children and their families by providing quality mental health services, training an early childhood mental health workforce and developing and implementing innovative practices.

Marian Bland Wins Award

Marian Bland, director of the MHA Office of Special Needs Populations, recently was awarded the President's Award from the Maryland Correctional Administrators Association (MCAA) for her work on the executive committee and as a co-chair of the mental health subcommittee. This is the third time Ms. Bland has received this award from MCAA.

She has served on the MCAA executive board and has co-chaired the Mental Health/Substance Abuse subcommittee since July 2005. Her primary board role is to advise the MCAA president on issues that affect local correctional facilities.

Ms. Bland's role on the subcommittee is to co-lead a committee that addresses specific issues as identified by the president of MCAA and/or the executive committee, related to the mental health and substance abuse needs of individuals incarcerated in local detention centers.

This committee has made recommendations on mental health, trauma, and substance abuse screening tools to be used in the local detention centers; provided resources; and made recommendations for training, policies, and legislative issues, among others.

The 2009 President's Awards were presented to a select group of members on the executive board at an MCAA conference in June. Ms. Bland was previously recognized in 2006 and 2007.

Changes at the Facilities

Over the past several months, MHA Facilities have been reconfiguring themselves in order to accommodate the reductions in their budgets as well as the ongoing struggle to hire nurses.

The following include some of the many actions:

- To enable the October 1 closing of the Carter Center, a phased diversion of court referrals from the Carter Center to the Spring Grove Hospital Center began in April when one out of every three referrals was diverted to Spring Grove. That rate rose to two out of every three in June; all Carter Center admissions ceased as of July 1. Carter Center officials are working with the courts and the Baltimore City CSA to place current patients in the community.
- Springfield Hospital Center closed three units in fiscal year 2009, with the last at the end of June. Springfield staff has been working to discharge the patients and to absorb the employees into other positions at that facility.
- Spring Grove is making changes in order to accommodate the patients that would have been admitted to the Carter Center.
- The Finan Center and the Eastern Shore Hospital Center each converted one unit to assisted living effective July 1.
- The Clifton T. Perkins Hospital Center is completing a capital building project to accommodate 44 new beds. The plans are to open 22 of those beds during the current

fiscal year that began on July 1.

- The Potomac Center opened 20 new beds in mid-July to admit individuals with co-occurring developmental disabilities and mental health illness who are being discharged from the MHA facilities but are not ready for the community. They will receive treatment and be discharged from the Potomac Center to the community. *(Please see separate article on page 8 entitled "DHMH Opens Unit to Treat Co-Occurring Disorders.")*

Editor's Note: Thanks to Arlene Stephenson for writing this article.

Self Directed Care Program Receives International Interest

MHA's Self Directed Care initiative was the focus of international attention in June when a doctoral student from the United Kingdom visited Hagerstown to learn more about the Washington County program.

David Coyle, a 45-year-old senior lecturer in mental health nursing at the University of Chester in Chester, England visited Maryland and three other states to learn more about how the concept is working on this side of the Atlantic.

"We are in the early days of self directed care and people are looking to America," Coyle said of the program that emphasizes a consumer's right to exercise personal choice when determining the course of treatment.

Mr. Coyle, who is in the formative stages of a doctoral thesis, visited Maryland, Florida, Texas and



David Coyle

Oregon to compare the approach and prioritization each state takes toward self directed care. He was looking for ideas that can be used -- and those that cannot -- and how they mesh with funding sources.

While visiting Washington County, Mr. Coyle met with staff at the Office of Consumer Advocates, visited a Hagerstown Drop-In Center and talked with consumers in the self directed care program.

Ethel Nemcek, executive director of the Office of Consumer Advocates, explained that the program helps to look for unique solutions to problems consumers may face.

For instance, she told of a teenager who experienced a first psychosis episode on the way to school, primarily due to being bullied. The solution was to make funds available for the consumer to purchase a bicycle. A two-fold benefit was achieved -- the consumer no longer had to ride the bus to get to school and was able to get additional exercise while peddling from home to school and back.

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Self Directed Care Program

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Officially a pilot project, the three-year-old Washington County program has 51 consumers with a waiting list of another nine people. Those in the program can access funds to assist with any number of pre-identified goals that ultimately help remove stress from day to day life. In addition to the consumer who needed a bicycle, other expenditures range from basic needs such as providing housing assistance to more unique concepts such as paying for health club memberships to help consumers lose weight.

“Consumers develop a holistic recovery plan,” explained Clarissa Netter, director of the MHA Office of Consumer Affairs. “The goal is to provide a supportive and helpful environment for our consumers.”

Funded with state general funds, the Washington County Self Directed Care program features a program coordinator and three consumer advocates who work with each of the individuals.

“The counselors grade the consumers on their progress while the consumers write their own progress report,” Ms. Nemcek said. “Quite often, the peer support advocate sees more progress than the consumer.”

Some are satisfied with the program and go into a holding pattern, others continue to remain active. One has even graduated from the program.

“We have no timeline, no goal deadlines,” Ms. Nemcek said. “The consumer decides whether to move forward or not.”

Consumers are referred to the program from community and medical programs.

One difference Mr. Coyle has seen relates to the difference between peer-to-peer communication and mental health professional to consumer.

“The mental health professional cannot identify what the consumer experiences, whereas the peer can,” Mr. Coyle said.

He also noted that England’s National Health Service currently can only pay for medical expenses, though beginning in 2010, the system will be able to pay for other items more typically associated with self directed care.

Annual State Mental Health Plan is Updated

A collaboration of Maryland advocates, stakeholders and MHA Management has resulted in a revision of the administration’s Annual State Mental Health Plan.

And in recognizing the current fiscal challenges facing the state, MHA strategies will involve effective and efficient collaborations that identify and support sustainability, with emphasis placed on initiatives that promote recovery, resiliency and health care reform. This may include programs such as smoking cessation and the integration of primary care into mental health services.

A three-stage process was used to conduct the update: an initial meeting of MHA management, a subsequent gathering of advocates and stakeholders to obtain feedback on plan

proposals and a Joint Council review.

A significant change occurred this year with the meeting of advocates and stakeholders, which featured break-out groups focusing on each of MHA’s six goals adapted from the President’s New Freedom Mental Health Commission. This process offered an increased opportunity for individual expression, and resulted in good discussion and new ideas. Among the participants were representatives from key advocacy and consumer groups, including the local mental health advisory committees, CSA advisory boards, and other statewide advisory councils for special needs populations.

Continued on next page

State Mental Health Plan Goals

- I -- Marylanders understand that mental health is essential to overall health
- II -- Mental health care is consumer and family driven
- III -- Disparities in mental health services are eliminated
- IV -- Early mental health screening, assessment, and referral to services are common practice
- V -- Excellent mental health care is delivered and research is accelerated while maintaining efficient services and system accountability
- VI -- Technology is used to access mental health care and information

Annual State Mental Health Plan *Continued*

This followed an earlier meeting of MHA management where office directors and other key program staff met to review the overall direction, priorities, and current MHA activities. As in recent years, strategy concepts highlighted consumer and family leadership and participation, peer support activities, Maryland's mental health transformation grant performance, evidence-based practices, and initiatives that further enhance services to promote health and wellness among children youth, adults, and older adults.

After the stakeholders meeting a cohesive plan was drafted and presented in June to the Planning Committee of the Maryland Advisory Council on Mental Hygiene/P.L. 102-321 Planning Council (the Joint Council) for review, as required by law. This review resulted in goals, objectives, and strategies that were modified, expanded, and strengthened.

After staff in the MHA Office of Planning, Evaluation, and Training finalized the plan it was submitted in July to the Joint Council for final review and approval. The council has submitted a letter of review and recommendation to SAMHSA's Center for Mental Health Services, which annually awards the federal Block Grant for Community Mental Health Services.

MHA has distributed the completed plan to MHA staff, DHMH, facility CEOs, Joint Council members, Local Mental Health Advisory Committees, Core Service Agencies, sister state agencies, consumer, family, and advocate organizations, and other stakeholders upon request.

It is available on the Internet at www.dhmmh.state.md.us/mha by clicking on the .pdf "2010 State Plan" found under "State Plan" from the "Public Documents and Forms" link.

Members of the public are welcome to review and comment on this plan up to December 1. Comments may be sent to Ms. Cynthia Petion, director of the MHA Office of Planning, Evaluation and Training, Mitchell Building, Spring Grove Hospital Center, 55 Wade Avenue in Catonsville 21228.

The State Mental Health Plan is an operational document that depicts the goals, objectives, and strategies of programs, initiatives, and activities of the Public Mental Health System. Although it does not include every activity conducted by MHA, it does focus on current activities and programs which are either newly developed, in process, being expanded, or enhanced within the coming fiscal year. It is part of a continuum that involves federal, state, and local planning processes.

Annual Report Has New Look

Recovery stories and themes which accentuate the Mental Hygiene Administration's (MHA) emphasis of a consumer and family centered system are part of *Partners in Recovery and Resilience*, MHA's fiscal year 2008 Annual Report.

Featuring a new eye-catching design, the report issued in June also contains selected highlights from 2009.

Interspersed throughout the data charts and updates typically found

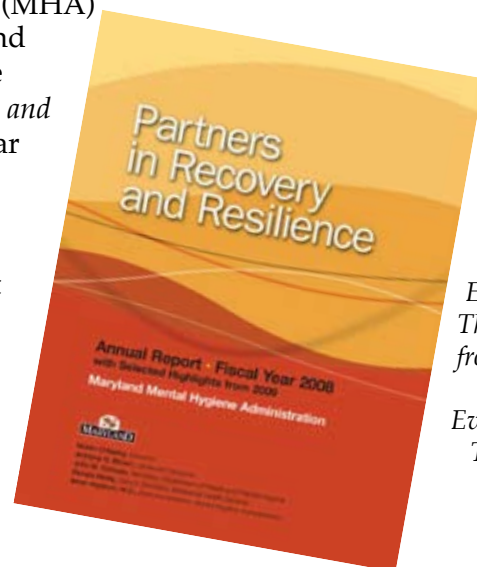
in annual reports are stories of recovery -- some written by MHA employees, others from consumers who directly benefit from services provided through Maryland's Public Mental Health System (PMHS.)

This document, originally developed for dissemination to the Legislature during budget hearings, has become widely requested and used by MHA staff, other agencies and stakeholders to enhance orientation sessions, information seminars, and conferences.

In addition to data charts that describe the PMHS, the report outlines expenditures and service utilization, along with accounts of accomplishments, new initiatives, special programs and pilot projects.

The report was prepared by MHA's Office of Planning, Evaluation, and Training; the Mental Health Transformation Office; and the Office of Management Information Systems and Data Analysis, with assistance from consultants.

This report will soon be on-line at www.dhmmh.state.md.us/mha. Please click on the "Annual Report" link located under "Public Documents and Forms."



*Editor's Note:
Thanks to staff
from the Office
of Planning,
Evaluation and
Treatment for
writing this
article.*

Clean Lungs, Clear Minds

Myths About Mental Illness and Smoking:

- "It's one of the few pleasures in life."
- "It's hopeless to try to quit."
- "It will aggravate mental health symptoms."

Prolong and Improve Your Life

**20-25
YEARS
LOST**

On average, people with mental illness die earlier than the general population.

Maryland's

1-800



QUIT NOW

SmokingStopsHere.com

Call for **FREE** phone counseling, medications, and materials.

Health and Recovery

75%

of the people who have addictions and/or mental illness smoke.

23%

of the general population smoke cigarettes.

44%

of all cigarettes sold in the U.S. are consumed by people who have mental illness and/or substance abuse issues.

- Smokers who have mental illness inhale deeper and smoke more cigarettes than other smokers.

"Because I have a mental illness, I thought I would never quit smoking, but I did 15 years ago."

Clarissa Netter

Quit Smoking & Save Thousands of Dollars...

One Pack
a Day Costs

**\$2,500
ANNUALLY**

Two Packs
a Day Cost

**\$5,000
ANNUALLY**

This display was created with grant funds awarded by SAMSHA to the Silver Spring Drop-In Center

Smoking Cessation Effort on Display at Conference

MHA's desire to bring more attention to smoking cessation was given great visibility at the June **On Our Own** Annual Conference, helped in large part by an honorarium

awarded to the Mental Health Transformation Office by the federal Substance Abuse and Mental Health Services Administration (SAMHSA.)

The office received \$1,000 from SAMHSA to create a display to encourage consumers to stop smoking. The exhibit focused on *"Clean Lungs, Clear Minds"* and contained some testimonials from consumers who have kicked the habit. In an effort to discourage smoking, the exhibit contained information on the amount of money consumers could

save if they quit smoking and cited statistics on how much more smoking affects the health of consumers than it does the general population. The state's Quitline hotline number was listed as a resource to help those who want to stop smoking.

This display was also used at two separate one-day health education events at the Silver Spring Drop-In Center in Montgomery County. Honorarium funds were also used to help implement a routine nicotine addiction screening for consumers at the drop-in center. Those who were at risk were

referred to smoking cessation support groups and programs in the Montgomery County area.

DHMH Family Health Administration's Quitline program was a partner in this initiative.

SAMHSA's honorarium was through a "100 Pioneers for Smoking Cessation" initiative designed to focus on making tobacco-free living a part of recovery for people with mental health and substance use disorders.

Why Prepare for Disasters?

It is a given fact that disasters happen.

In this decade alone, four major events have directly or indirectly affected Maryland, and a fifth may be right around the corner. Very few people need to be reminded of the events of September 11, 2001. Yet in July of that year, just two months before the fateful events of 9-11, Baltimore experienced a disaster-in-the-making when a CSX train derailed in Baltimore's Howard Street tunnel. Plumes of smoke poured from each end of the tunnel and the Oriole's game at nearby Camden Yards was postponed. The emergency alert sirens sounded. Police blocked entrances into the city until it was determined that the area was safe and that no toxins had been released.

Two years later, the Baltimore area received a hit from Mother Nature when Tropical Storm Isabel ravaged Middle River and caused significant damage to other areas of the region. And life changed forever for many residents of New Orleans on August 2005, when Hurricane Katrina caused the levies to break and thousands were displaced.

These four examples – two caused by humankind and two by nature – represent varying degrees of how a disaster can impact a region.

So it is important to remember the lessons taught by each – especially now that the World Health Organization has declared H1N1 influenza as an official pandemic.

When a disaster strikes, you only have two options – to stay (i.e. shelter-in-place) or to go (i.e. evacuate.)

Those options raise two important questions. Are you and your family ready to shelter-in-place for five or more days? Are you and your family ready to evacuate immediately or on short notice with emergency supplies and vital family information? For many of us, the answer is no – because we simply apply the “ostrich approach” to disaster preparedness: stick our heads in the sand and hope that nothing ever happens.

While this clearly is the easiest approach to take, it may not be the wisest. Just ask anyone who has experienced a tornado or who now

lives in Maryland after being relocated because of Katrina.

By actively incorporating disaster preparedness into our lives, we can reduce the physical and psychological impact of an event and be better able to care for those who are most vulnerable: children and seniors.

Through planning, preparation and communication, each of us can build the confidence we need to successfully address the challenges that disasters inevitably bring. Confidence – that “can-do” attitude – forms the foundation of preparedness, response and recovery. Confidence engenders hope – a very powerful and contagious emotion that forms the core of human resiliency.

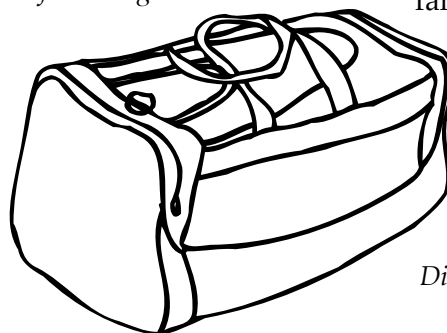
It is true that fear and chaos are natural outgrowths of man-made and natural disasters, yet as human beings, we are naturally strong and resilient. We can become stronger and more resilient through active planning and preparation.

FEMA, the Federal Emergency Management Agency, offers sound advice with the slogan, “Be Informed, Make a Plan, Get Involved.” Simply put, this means know the potential risks, actively plan to respond to known risks, and involve family members and neighbors in preparation and response activities.

More information on personal and family preparedness is available in the FEMA publication *Are You Ready – An In-depth Guide to Citizen Preparedness*. You can get a free copy by dialing 1-800-240-2520, or you may contact Laura Copland or Tom Franz, with Behavioral Health Disaster Services in the MHA Office of Special Needs Populations at 410-724-3175. Additional information is available on the Web through the Maryland Emergency Management Agency at www.mema.state.md.us.

For more information about the influenza pandemic and steps you can take to protect you and your family, go to www.flu.maryland.gov. Additional information is available at www.cdc.gov.

Pack a “Go Bag” and be prepared for emergencies.



Editor's Note: Thanks to Tom Franz, assistant director of Behavioral Health Disaster Services, for writing this article.